

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

276228a
State File No. _____
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Christmas or Village _____
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Wesley Gerald Goodwin
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth January 29 1930
Month Day Year

8. FATHER
Full name Edward George Goodwin

9. Residence (Usual place of abode) Christmas Arizona
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Paducah
(State or country) Kentucky

13. Occupation
Nature of industry Air drill repair man

14. MOTHER
Full maiden name Hazel Mary Wilson

15. Residence (Usual place of abode) Christmas Arizona
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Silver City
(State or country) New Mexico

19. Occupation
Nature of industry House wife

20. Number of children of this mother Four (a) Born alive and now living Four
(b) Born alive but now dead None
(c) Stillborn None 21. Were precautions taken against ophthalmia neonatorum? Y S

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 3 P. p. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. W. Davis, M.D.
Physician (Physician or Midwife)

Given name added from a supplemental report _____ Address Christmas Arizona
Month, day, year _____ Filed April 10, 1930 J. W. Hutton
Registrar Registrar

675-129-465